

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

649

File No. _____
Registered No. 5 St. _____ Ward)

1. PLACE OF DEATH
35 County Dunklin Registration District No. 297
2 Township Union Primary Registration District No. 4166
2 City Campbell (No. _____ St. _____ Ward)

2. FULL NAME Margaret Gertrude Martin
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>17</u>	<u>11</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work In School.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton 2
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Harry E. Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richview
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Fanny B. Husley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Little Creek
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. Fanny B. Martin
(Address) Richview Ill.

15. FILED 1/29, 1932 Benjamin D. Fopay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29, 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932 to Jan 29, 1932
that I last saw her alive on Jan 28, 1932, and that death occurred, on the date stated above, at Jan 29, 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59 (duration) _____ yrs. _____ mos. _____ da.
1210
CONTRIBUTORY (SECONDARY) menstrua
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Bellville Ill
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John L. Brown, M. D.

1/27, 1932 (Address) Campbell Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL Richview Cemetery DATE OF BURIAL 1/31 1932

20. UNDERTAKER E. W. Landess ADDRESS Campbell Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

